Student Support Plan — Gender Affirmation

Acknowledgement:

This plan has been adapted and developed over a number of years by a range of people in the LGBTI youth sector in Victoria. This will help to guide a conversation to support a student with affirming their gender at school.

Two things to keep in mind:

- Make sure you keep the school accountable about things on this template that haven't yet been implemented, and;
- 2. Keep in mind that the timeframes you have set may need to change to meet your child's needs.

Affirming Name:	Parent/Carer Name:	
Affirming Pronouns:		
Previous Name:	Contact Information:	
Year Level:		
Class Group:	Are Parent Carer(s) aware and supportive?	
Date:		
Siblings at school:	Are they aware? Are they supportive? Will they need extra support?	
Who is part of the school staff support team/group?	This should be made up of a team of staff that the student feels comfortable in talking to.	
How often will the support group meet?	This may change over time.	
Who is the main contact person?		
Who would the student like to speak with at school if issues arise?		
How do they access this person?		
Time Frame		

to be considered for the student?

to be considered for the student?

Suppport Categories	Management & Support Strategies	Responsible Person
Siblings		
Is there additional support required for siblings or other family members who attend the school?		
External Agencies		
Does the student have access to support from any outside agencies? Does the student think it would be useful for the school to liaise with these agencies or have them involved in any support meetings?		
If relevant: What are the names and contact details of the external agencies? What is the nature and length of their support?		
Other Considerations		
What has been working well for the student? What is the student finding hard? Are there any questions or concerns you want to raise now? Are there other supports the student may need?		
Review Plan Review		
Who will monitor this plan? When will the plan be reviewed? Who has a copy of this plan? Include feedback from student, parents and teachers.		
Signatures	Student	Date
	School Representative (e.g Principal, Assistant Principal, Wellbeing Leader)	Date
	Parent/Carer	Date